

D/S SERVICES, INC.

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date			
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for	BIN		MILLWRIGHT		GENERAL LABOR			OFFICE			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>				
How did you hear about this position?											
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Has your license ever been suspended or revoked? If yes, why?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, why?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Are you willing to submit to pre-employment drug testing, background check, and physical?											
Accident Record for the past 3 years?			Any Fatalities?			Number Injured?					
Overtime is needed during the course of business, are you willing to work hours over 40 hours per week?											
Occasionally, could you travel overnight to work sites?							YES <input type="checkbox"/>	NO <input type="checkbox"/>			

EDUCATION

Type of School	Name of School	City, State	No. of Years Completed	Year Graduated	Major/Degree
High School					
College					
Military Service	Branch	Honors, Medals, or Awards	Rank	Years Served	Rate

PREVIOUS EMPLOYERS (LIST MOST RECENT FIRST)

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained. Attach additional sheet if needed.

Date: Month & Year		Name & Address	Salary	Position	Reason for Leaving	May we contact employer?	
From						Yes	NO
To							
From						Yes	NO
To							

From						Yes	NO
To							

REFERENCES

Name	City & State	Phone Number	Email	Nature of Relationship

BIN/CONCRETE/SERVICE POSITION CHECK THE BOX BELOW IF YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING AREAS.

Equipment:	<input type="checkbox"/> Crane	<input type="checkbox"/> Skid loader	<input type="checkbox"/> Telescoping Forklift	<input type="checkbox"/> Forklift
Operated	<input type="checkbox"/> Impacts	<input type="checkbox"/> Chop Saw		
Weld:	<input type="checkbox"/> Arc/Stick	<input type="checkbox"/> Wire Feed	<input type="checkbox"/> Torch	
Cement:	<input type="checkbox"/> Rebar sizes	<input type="checkbox"/> Form	<input type="checkbox"/> Pour	
Service Work:	<input type="checkbox"/> Pulleys	<input type="checkbox"/> Legs	<input type="checkbox"/> Bearings	
Able to:	<input type="checkbox"/> Lift 60 pounds	<input type="checkbox"/> Climb 100'	<input type="checkbox"/> Read a tape measure	
Skills:	<input type="checkbox"/> Built grain handling equipment	<input type="checkbox"/> Millwright	<input type="checkbox"/> Supervisory Position	
Computer:	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Excel/Word/PowerPoint/Access	<input type="checkbox"/> Fishbowl	
License	<input type="checkbox"/> Class A CDL	<input type="checkbox"/> Chauffer's License	<input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

We are an equal opportunity employer. All applicants will receive consideration for positions, without regard to race, color, religion, age, sex, except where sex is a bonafide occupational qualification, sexual orientation, marital status, individuals with disabilities, and equally to disabled veterans and veterans of the Vietnam Era.

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers.
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant
Signature:

Date:

Applicant
Name: (Printed)

Applicant Name:

LICENSE INFORMATION

NO PERSON WHO OPERATES A COMMERCIAL MOTOR VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVER'S LICENSE (49 CFR 383.21). I CERTIFY THAT I DO NOT HAVE MORE THAN ONE MOTOR VEHICLE LICENSE, THE INFORMATION FOR WHICH IS LISTED BELOW. INCLUDE ALL LICENSES HELD FOR THE PAST 3 YEARS; ATTACH ADDITIONAL SHEETS IF NEEDED.

STATE	LICENSE#	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT#	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	#INJURIES	CHEMICAL SPILLS

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATES CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes

No

Has any license, permit, or privilege ever been suspended or revoked?

Yes

No

If yes, explain.